

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							
CLAIMS		SERIAL NO.		FILING DATE			
		10-070,743					
		APPLICANT(S)					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2						
TOTAL DEP.	17	↓	↓	↓	↓		
TOTAL CLAIMS	19						

CLAIMS		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS					